| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Optional) 020093-001000US | | | 020093-001000US |
|---|--|--------------------------|--------------------------|
| In re Application of Sai L. Su | | | |
| | Application Number 10/009,508 Filed November 6, 2001 | | |
| For METHODS FOR THE DIAGNOSIS AND TREATMENT OF METASTATIC PROSTATE TUMORS | | | |
| | Group Art Unit Not Assigned | Examiner Not Assigned | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired): | | | |
| ☐ One month (37 CFR | 1.17(a)(1)) | | \$ |
| ☐ Two months (37 CFR 1.17(a)(2)) | | | \$ |
| ☐ Three months (37 C | FR 1.17(a)(3)) | | \$ |
| Four months (37 CF) | FR 1.17(a)(4)) | | \$1,440 |
| ☐ Five months (37 CF | R 1.17(a)(5)) | | \$ |
| □ Payment by credit card. Form PTO-2038 is attached. □ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. □ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430. □ I have enclosed a duplicate copy of this sheet. □ I am the □ applicant/inventor. | | | |
| assignee of record of the entire interest. See 37 CFR 3.71 | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| ☑ attorney or agent of record. | | | |
| attorney or agent under 37 CFR 1.34(a). | | | |
| Registration number if acting under 37 CFR 1.34(a) | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| August 9, 2002 | | 18res | w. lon |
| Date | | | Signature |
| AGH 00000054 201430 10009508 | | Brian W | /. Poor, Reg. No. 32,928 |
| 720.00 CH | | Тур | ed or printed name |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple | | | |

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. 5013779v1

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